

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

DEMOCRATIC PARTY OF ILLINOIS

ADDRESS (number and street)

P.O. BOX 518

☐ Check if different than previously reported. (ACC)

SPRINGFIELD

IL

62705

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00167015

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

11

06

2012

in the  
State of

IL

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the  
State of

5. Covering Period

10

01

2012

through

10

17

2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Kasper

Signature of Treasurer

Michael Kasper

[Electronically Filed]

Date

05

01

2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

DEMOCRATIC PARTY OF ILLINOIS

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
10 / 17 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">380562.55</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">536446.57</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">966235.75</span>	<span style="border: 1px solid black; padding: 2px;">2235489.79</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">1502682.32</span>	<span style="border: 1px solid black; padding: 2px;">2616052.34</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">686588.35</span>	<span style="border: 1px solid black; padding: 2px;">1799958.37</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">816093.97</span>	<span style="border: 1px solid black; padding: 2px;">816093.97</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

DEMOCRATIC PARTY OF ILLINOIS

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10	/	01	/	2012

To:

M M	/	D D	/	Y Y Y Y Y Y
10	/	17	/	2012

**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

61100.00

230500.00

(ii) Unitemized .....

500.00

4695.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

61600.00

235195.00

(b) Political Party Committees .....

10316.17

10316.17

(c) Other Political Committees

(such as PACs).....

614520.00

1443004.01

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

686436.17

1688515.18

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

8037.73

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

57624.29

316761.59

(b) Levin Funds (from Schedule H5) .....

222175.29

222175.29

(c) Total Transfers (add 18(a) and 18(b))..

279799.58

538936.88

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

966235.75

2235489.99

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

686436.17

1696552.91

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	11638.61	154538.29
(ii) Non-Federal Share.....	29927.79	397384.00
(b) Other Federal Operating Expenditures .....	0.00	116734.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	41566.40	668657.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	86401.51	86401.51
(ii) "Levin" Share.....	222175.29	222175.29
(b) Federal Election Activity Paid Entirely With Federal Funds .....	336445.15	822724.35
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	645021.95	1131301.15
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	686588.35	1799958.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	434485.27	1180399.08

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	686436.17	1688515.18
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	686436.17	1688515.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	11638.61	271273.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	8037.73
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	11638.61	263235.49

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Thomas Adams Mr.**

Mailing Address 237 Ashlar St

City

Jonesboro

State

IL

Zip Code

62952-1304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

08 / 22 / 2012

Transaction ID : SA11AI.30374

Amount of Each Receipt this Period

95.00

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Anonymous Anonymous**

Mailing Address Any State

City

Any City

State

IL

Zip Code

99999

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23.75

Date of Receipt

08 / 29 / 2012

Transaction ID : SA11AI.30388

Amount of Each Receipt this Period

23.75

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Ann L Brown**

Mailing Address 3328 S Indiana

City

Chicago

State

IL

Zip Code

60616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.30368

Amount of Each Receipt this Period

190.00

IL Party Victory Fund

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30374

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30388

IL Party Victory Fund

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.30368  
IL Party Victory Fund

Form/Schedule:  
Transaction ID:



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

## **A. Gordon Burnside**

Mailing Address 210 Commercial St

City

Edwardsville

State

IL

Zip Code

62025-1609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emt Or

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

08 / 22 / 2012

Transaction ID : SA11AI.30386

Amount of Each Receipt this Period

95.00

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. Judy Cates**

Mailing Address 216 W. Pointe Drive

City

Swansea

State

IL

Zip Code

62226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cates & Cates

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 06 / 2012

Transaction ID : SA11AI.30292

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. M.D. Theodore Christou**

Mailing Address 242 S Elmwood Ave

City

Oak Park

State

IL

Zip Code

60302-3222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.30418

Amount of Each Receipt this Period

190.00

IL Party Victory Fund

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ►

5000.00

**TOTAL** This Period (last page this line number only)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30386

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30418

IL Party Victory Fund

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Robert A. Clifford**

Mailing Address 120 N. LaSalle Street

City

Chicago

State

IL

Zip Code

60602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

MM / DD / YYYY  
10 / 10 / 2012

Transaction ID : SA11AI.30305

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. Jr. William J Cowlin**

Mailing Address 4715 N Wolcott Ave

City

Chicago

State

IL

Zip Code

60640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Randstad

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

189.05

Date of Receipt

MM / DD / YYYY  
09 / 14 / 2012

Transaction ID : SA11AI.30400

Amount of Each Receipt this Period

189.05

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Ronald Cropper**

Mailing Address 4508 Maple Ave

City

Brookfield

State

IL

Zip Code

60513-2327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Best efforts

Occupation

Best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.75

Date of Receipt

MM / DD / YYYY  
08 / 22 / 2012

Transaction ID : SA11AI.30372

Amount of Each Receipt this Period

213.75

IL Party Victory Fund

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10000.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30400

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30372

IL Party Victory Fund

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. JOHN W DEMPSEY**

Mailing Address 702 Amber Rd

City

New Lenox

State

IL

Zip Code

60451-3639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

City Of Chicago

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

08 / 22 / 2012

Transaction ID : SA11AI.30380

Amount of Each Receipt this Period

95.00

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jeffrey I Dennis Mr.**

Mailing Address 1370 shagbark dr

City

des plaines

State

IL

Zip Code

60018-1656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Atty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.30353

Amount of Each Receipt this Period

237.50

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Jr. Theodore W Dixon Mr.**

Mailing Address 7515 S Peoria St

City

Chicago

State

IL

Zip Code

60620-2847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cook County Sheriff

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

47.50

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.30402

Amount of Each Receipt this Period

47.50

IL Party Victory Fund

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30380

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30353

IL Party Victory Fund

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30402

IL Party Victory Fund

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Vito Dizonno**

Mailing Address 158 Sherwood Drive

City

Wood Dale

State

IL

Zip Code

60191

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2012

Transaction ID : SA11AI.30286

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Barbara Featherstone Ms.**Mailing Address 812 Oak St  
Apt 200

City

Winnetka

State

IL

Zip Code

60093-2559

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

Transaction ID : SA11AI.30345

Amount of Each Receipt this Period

209.00

IL Party Victory Fund

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. DANNY FISCHER**

Mailing Address 415 W GREEN ST

City

FARMER CITY

State

IL

Zip Code

61842-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Boilermaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

47.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : SA11AI.30384

Amount of Each Receipt this Period

47.50

IL Party Victory Fund

**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00



: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30345

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30384

IL Party Victory Fund

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

## **A. DANNY FISCHER**

Mailing Address 415 W GREEN ST

City  
FARMER CITY

State Zip Code  
IL 61842-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Boilermaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

47.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.30428

Amount of Each Receipt this Period

38.00

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. David Galanti**

Mailing Address 4 Dogwood Court

City  
Bethalto

State Zip Code  
IL 62010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Galanti Law Offices, P.C.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2012

Transaction ID : SA11AI.30293

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Donna Gerstung**

Mailing Address 820 E. Morris

City  
PALATINE

State Zip Code  
IL 60074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United Airlines

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.30392

Amount of Each Receipt this Period

95.00

IL Party Victory Fund

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30428

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30392

IL Party Victory Fund

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

## **A. Donna Gerstung**

Mailing Address 820 E. Morris

City

PALATINE

State

IL

Zip Code

60074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United Airlines

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.30429

Amount of Each Receipt this Period

95.00

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. Frank Goetz**

Mailing Address 1718 Mt. Carmel Road

City

Parkton

State

MD

Zip Code

21120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Exelon

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2012

Transaction ID : SA11AI.30282

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. John Goldsmith**

Mailing Address 1717 Wildflower Dr

City

Plainfield

State

IL

Zip Code

60586-7834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fox River Foods Inc

Occupation

Sales

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 22 / 2012

Transaction ID : SA11AI.30376

Amount of Each Receipt this Period

95.00

IL Party Victory Fund

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30429

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30376

IL Party Victory Fund

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Charles Gordon Mr.**

Mailing Address 15631 State St

City

South Holland

State

IL

Zip Code

60473-1228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

47.50

Date of Receipt

07 / 26 / 2012

Transaction ID : SA11AI.30341

Amount of Each Receipt this Period

47.50

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Rolf M Gunnar**

Mailing Address 737 Godair Cir

Ruth Lake Woods

City

Hinsdale

State

IL

Zip Code

60521-8104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

190.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.30362

Amount of Each Receipt this Period

190.00

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Philip Douglas Hale**

Mailing Address 1054 W. North Shore Ave.

2E

City

Chicago

State

IL

Zip Code

60626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Loyola University

Occupation

Public affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 03 / 2012

Transaction ID : SA11AI.30287

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30341

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30362

IL Party Victory Fund

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Mahmoud Halloway**

Mailing Address 2200 W 116th Pl

City

Chicago

State

IL

Zip Code

60643-4736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Best efforts

Occupation

Best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.50

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.30366

Amount of Each Receipt this Period

427.50

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Elizabeth Hambrick-Stowe**

Mailing Address 1905 Sherwood Pl

City

Wheaton

State

IL

Zip Code

60189-8135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Attorney

Aggregate Year-to-Date ▼

95.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.30427

Amount of Each Receipt this Period

95.00

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Terrence K. Hegarty**

Mailing Address 404 N. Adams Street

City

Hinsdale

State

IL

Zip Code

60521-3130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

10 / 05 / 2012

Transaction ID : SA11AI.30290

Amount of Each Receipt this Period

10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10000.00



: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30366

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30427

IL Party Victory Fund

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Barbara R Heller**

Mailing Address 1455 E Park Pl

City

Chicago

State

IL

Zip Code

60637-1835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.30407

Amount of Each Receipt this Period

190.00

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Helen Hennessy**

Mailing Address 13129 Timber Trl  
Apt 102

City

Palos Heights

State

IL

Zip Code

60463-3172

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Best efforts

Best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.30396

Amount of Each Receipt this Period

285.00

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Leo Hennessy Mr.**

Mailing Address 13129 Timber Trl Apt 102

City

Palos Heights

State

IL

Zip Code

60463-3172

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Il Workers Compensation

Arbitrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.30404

Amount of Each Receipt this Period

285.00

IL Party Victory Fund

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30407

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30396

IL Party Victory Fund

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30404

IL Party Victory Fund

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. mansur kamruddin

Mailing Address 48 founders pointe n

City  
bloomingdale

State Zip Code  
IL 60108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 27 / 2012

Transaction ID : SA11AI.30343

Amount of Each Receipt this Period

95.00

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. mansur kamruddin

Mailing Address 48 founders pointe n

City  
bloomingdale

State Zip Code  
IL 60108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 17 / 2012

Transaction ID : SA11AI.30354

Amount of Each Receipt this Period

142.50

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. James F. Keane

Mailing Address 2400 N. Lake View

City  
Chicago

State Zip Code  
IL 60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2012

Transaction ID : SA11AI.30324

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30343

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30354

IL Party Victory Fund

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Doris J Kleiss**

Mailing Address 105 E Barker

City State Zip Code  
Tuscola IL 61953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : SA11AI.30398**

Amount of Each Receipt this Period

332.50

IL Party Victory Fund

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Robert Kohl**

Mailing Address 680 N. Lake Shore Dr., #1302

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self employed

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 05 / 2012

**Transaction ID : SA11AI.30291**

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. James Larkin**

Mailing Address 23460 E 2000 North Rd

City State Zip Code  
Towanda IL 61776-9411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

194.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2012

**Transaction ID : SA11AI.30382**

Amount of Each Receipt this Period

194.75

IL Party Victory Fund

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10000.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30398

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30382

IL Party Victory Fund



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Jerry A. Latherow**

Mailing Address 1852 N. Burling Street

City State Zip Code  
Chicago IL 60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Latherow Law Office

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 02 / 2012

Transaction ID : SA11AI.30284

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Carole Lynam**

Mailing Address 513 Lake Shore Dr N

City State Zip Code  
Barrington IL 60010-3523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.30425

Amount of Each Receipt this Period

95.00

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. James Markov**

Mailing Address 9309 S 55TH Ct

City State Zip Code  
Oak Lawn IL 60453-2313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.30394

Amount of Each Receipt this Period

190.00

IL Party Victory Fund

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30425

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30394

IL Party Victory Fund

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. James Markov**

Mailing Address 9309 S 55TH Ct

City

Oak Lawn

State

IL

Zip Code

60453-2313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.30414

Amount of Each Receipt this Period

47.50

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Patrick McGee Mr.**

Mailing Address 9433 S Indiana Ave

City

Chicago

State

IL

Zip Code

60619-7213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Us Postal Service

Occupation

Clerk

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.30416

Amount of Each Receipt this Period

95.00

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Thomas R McKay Mr.**

Mailing Address PO Box 409

City

Hampton

State

IL

Zip Code

61256-0409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.30423

Amount of Each Receipt this Period

95.00

IL Party Victory Fund

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30414

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30416

IL Party Victory Fund

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30423

IL Party Victory Fund

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Lovie Mitchell**

Mailing Address 9757 S Oakley Ave

City State Zip Code  
 Chicago IL 60643-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.30411

Amount of Each Receipt this Period

190.00

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. James Morphew**

Mailing Address 1916 S. Glenwood

City State Zip Code  
 Springfield IL 62704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Sorling Northrup Hanna

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 09 / 2012

Transaction ID : SA11AI.30304

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Vaughn Morrison Mr.**

Mailing Address 1603 S Lincoln Ave

City State Zip Code  
 Springfield IL 62704-3418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.30364

Amount of Each Receipt this Period

95.00

IL Party Victory Fund

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30411

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30364

IL Party Victory Fund

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Helen Novack Ms.**

Mailing Address 230 S Villa Ave Apt 1A

City State Zip Code  
 Villa Park IL 60181-2937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.30431

Amount of Each Receipt this Period

190.00

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Ella V. Perkins**

Mailing Address 1600 Washington Blvd

City State Zip Code  
 Maywood IL 60153-1435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

142.50

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.30435

Amount of Each Receipt this Period

142.50

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Robert Poggensee**

Mailing Address 832 S. Stone Avenue

City State Zip Code  
 La Grange IL 60525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Exelon Corporation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2012

Transaction ID : SA11AI.30306

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00



: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30431

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30435

IL Party Victory Fund

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Joseph Power**

Mailing Address 70 W. Madison

City

Chicago

State

IL

Zip Code

60602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Power Rogers & Smith, P.C.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2012

**Transaction ID : SA11AI.30312**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. James G Rehkemper**

Mailing Address PO Box 1113

City

Granite City

State

IL

Zip Code

62040-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SA11AI.30420**

Amount of Each Receipt this Period

95.00

IL Party Victory Fund

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Patricia A Riley Ms.**

Mailing Address 6145 N Sheridan Rd Apt 16C

City

Chicago

State

IL

Zip Code

60660-2863

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chicago Public Schoo

Occupation

Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

104.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 17 / 2012

**Transaction ID : SA11AI.30358**

Amount of Each Receipt this Period

104.50

IL Party Victory Fund

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30420

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30358

IL Party Victory Fund

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Patricia A Riley Ms.**

Mailing Address 6145 N Sheridan Rd Apt 16C

City State Zip Code  
Chicago IL 60660-2863

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Chicago Public Schoo Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 28 2012

Transaction ID : SA11AI.30405

Amount of Each Receipt this Period

156.75

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Randy J Robinson**

Mailing Address 9333 S Powell Rd

City State Zip Code  
Peoria IL 61607-9519

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
retired Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 03 2012

Transaction ID : SA11AI.30347

Amount of Each Receipt this Period

95.00

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**c. Larry Rogers Sr.**

Mailing Address 401 N. Wabash

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Power, Rogers & Smith Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 13 2012

Transaction ID : SA11AI.30314

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30405

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30347

IL Party Victory Fund

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

## **A. Ellis Rosenzweig**

Mailing Address 1357 N State Pkwy

City

Chicago

State

IL

Zip Code

60610-2119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SA11AI.30438**

Amount of Each Receipt this Period

190.00

IL Party Victory Fund

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **B. Leela P Selvam**

Mailing Address 1831 N Bissell St

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2012

**Transaction ID : SA11AI.30339**

Amount of Each Receipt this Period

190.00

IL Party Victory Fund

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **C. Gregory Shevlin**

Mailing Address 26Lashley Estates Drive

City

Swansea

State

IL

Zip Code

62226-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Cook, Shevlin, etal

Attorney

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2012

**Transaction ID : SA11AI.30297**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30438

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30339

IL Party Victory Fund

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. James And Helen M Silvia

Mailing Address 369 Niagara St

City

Park Forest

State

IL

Zip Code

60466-2335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 17 / 2012

Transaction ID : SA11AI.30360

Amount of Each Receipt this Period

190.00

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Michael M Smith

Mailing Address 788 Lincoln Ave

City

Winnetka

State

IL

Zip Code

60093-1946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.30413

Amount of Each Receipt this Period

190.00

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Ricardo Smith

Mailing Address 433 Windham Trl.

City

Carpentersville

State

IL

Zip Code

60110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

HSBC

ENGINEER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2012

Transaction ID : SA11AI.30337

Amount of Each Receipt this Period

95.00

IL Party Victory Fund

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►



: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30360

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30413

IL Party Victory Fund

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30337

IL Party Victory Fund

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Todd Smith**

Mailing Address 70 W. Madison

City State Zip Code  
 Chicago IL 60602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Power Rogers & Smith PC

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 13 / 2012

**Transaction ID : SA11AI.30315**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Marleen Suarez**

Mailing Address 22 Summertree Lane

City State Zip Code  
 Collinsville IL 62234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Levy & Suarez

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 06 / 2012

**Transaction ID : SA11AI.30298**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Kristie Svaeson Ms.**

Mailing Address 2095 Red Maple Ln

City State Zip Code  
 Aurora IL 60502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

09 / 28 / 2012

**Transaction ID : SA11AI.30409**

Amount of Each Receipt this Period

190.00

IL Party Victory Fund

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2800.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30409

IL Party Victory Fund

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Kenneth B Swanson Mr.**

Mailing Address 3179 Partridge Ln

City

Belvidere

State

IL

Zip Code

61008-9668

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IL Education Assoc

Occupation

Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

47.50

Date of Receipt

08 / 17 / 2012

**Transaction ID : SA11AI.30356**

Amount of Each Receipt this Period

47.50

IL Party Victory Fund

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Robert Vaughn**

Mailing Address 1169 S Plymouth Ct Apt 607

City

Chicago

State

IL

Zip Code

60605-2057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

09 / 28 / 2012

**Transaction ID : SA11AI.30433**

Amount of Each Receipt this Period

475.00

IL Party Victory Fund

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Maureen Whelan-Kapanowski**

Mailing Address 7831 Park Central Dr S

City

Tinley Park

State

IL

Zip Code

60477-4580

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

08 / 17 / 2012

**Transaction ID : SA11AI.30370**

Amount of Each Receipt this Period

95.00

IL Party Victory Fund

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30356

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30433

IL Party Victory Fund

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30370

IL Party Victory Fund

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Steve Wilkins Mr.**

Mailing Address 205 E Park St

City

Morrison

State

IL

Zip Code

61270-2534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Hairdresser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

08 / 22 / 2012

**Transaction ID : SA11AI.30378**

Amount of Each Receipt this Period

285.00

IL Party Victory Fund

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Anna M Williams**

Mailing Address 1832 N Main St Apt 110

City

Rockford

State

IL

Zip Code

61103-4775

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pete Williams

Occupation

Personal Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

47.50

Date of Receipt

08 / 17 / 2012

**Transaction ID : SA11AI.30351**

Amount of Each Receipt this Period

47.50

IL Party Victory Fund

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Anna M Williams**

Mailing Address 1832 N Main St Apt 110

City

Rockford

State

IL

Zip Code

61103-4775

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pete Williams

Occupation

Personal Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

66.50

Date of Receipt

09 / 28 / 2012

**Transaction ID : SA11AI.30439**

Amount of Each Receipt this Period

19.00

IL Party Victory Fund

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00



: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30378

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30351

IL Party Victory Fund

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30439

IL Party Victory Fund

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Jered Wilson**

Mailing Address 15 E Taylor St Apt B

City

Champaign

State

IL

Zip Code

61820-4094

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Cent

Occupation

Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

38.00

Date of Receipt

09 / 04 / 2012

**Transaction ID : SA11AI.30390**

Amount of Each Receipt this Period

38.00

IL Party Victory Fund

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Jered Wilson**

Mailing Address 15 E Taylor St Apt B

City

Champaign

State

IL

Zip Code

61820-4094

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Cent

Occupation

Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.50

Date of Receipt

09 / 28 / 2012

**Transaction ID : SA11AI.30436**

Amount of Each Receipt this Period

237.50

IL Party Victory Fund

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Kazimierz Zabinski**

Mailing Address 704 Golden Prairie Dr

Retired

City

Davis Jct

State

IL

Zip Code

61020-9442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

152.00

Date of Receipt

08 / 03 / 2012

**Transaction ID : SA11AI.30349**

Amount of Each Receipt this Period

152.00

IL Party Victory Fund

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ►

0.00

**TOTAL** This Period (last page this line number only)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30390

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.30436

IL Party Victory Fund

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30349

IL Party Victory Fund

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Kazimierz Zabinski**

Mailing Address 704 Golden Prairie Dr

Retired

City

State

Zip Code

Davis Jct

IL

61020-9442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

152.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.30421

Amount of Each Receipt this Period

152.00

IL Party Victory Fund

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

61100.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.30421

IL Party Victory Fund

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

## **A. DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Mailing Address 430 SOUTH CAPITOL STREET SE

City State Zip Code  
 WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee.

C C00460147

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10316.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 09 2012

Transaction ID : SA11B.30302

Amount of Each Receipt this Period

10316.17

## **B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

## **C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10316.17

10316.17



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

## **A. AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Mailing Address 1625 L STREET NW

City State Zip Code  
 WASHINGTON DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00011114

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **17** / **2012**

**Transaction ID : SA11C.30319**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. AMERICAN FEDERATION OF TEACHERS, AFL-CIO**

Mailing Address 555 NEW JERSEY AVENUE, N.W.

City State Zip Code  
 WASHINGTON DC 20001

FEC ID number of contributing  
federal political committee.

**C** C70002472

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **13** / **2012**

**Transaction ID : SA11C.30308**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. Boilermakers-Blacksmith Legislative**

Mailing Address 753 State Avenue Ste. 565

City State Zip Code  
 Kansas City KS 66101-2511

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**10** / **17** / **2012**

**Transaction ID : SA11C.30320**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

12500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

## **A. BROTHERHOOD OF RAILROAD SIGNALMEN POLITICAL ACTION COMMITTEE**

Mailing Address 917 SHENANDOAH SHORES ROAD

City State Zip Code  
 FRONT ROYAL VA 22630

FEC ID number of contributing  
federal political committee.

**C** C00011262

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**10 / 17 / 2012**

**Transaction ID : SA11C.30321**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street, S.E. #2

City State Zip Code  
 Washington DC 20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

944142.75

Date of Receipt

**10 / 02 / 2012**

**Transaction ID : SA11C.30327**

Amount of Each Receipt this Period

180000.00

Full Name (Last, First, Middle Initial)

## **C. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street, S.E. #2

City State Zip Code  
 Washington DC 20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1072102.75

Date of Receipt

**10 / 04 / 2012**

**Transaction ID : SA11C.30328**

Amount of Each Receipt this Period

127960.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

308460.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

## **A. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street, S.E. #2

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350662.75

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2012

**Transaction ID : SA11C.30326**

Amount of Each Receipt this Period

278560.00

Full Name (Last, First, Middle Initial)

## **B. IBEW PAC VOLUNTARY FUND**

Mailing Address 900 Seventh Street N.W.

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2012

**Transaction ID : SA11C.30309**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. IUPAT Political Action Together**

Mailing Address 1750 New York Avenue

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : SA11C.30323**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288560.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

## **A. United Food and Commercial Workers PAC**

Mailing Address 1775 K. Street N.W.

City

Washington

State

DC

Zip Code

20006-1598

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2012

Transaction ID : SA11C.30325

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

614520.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Accu Datir**

Mailing Address 5220 Summerlin Commons Boulevard

City	State	Zip Code
Fort Meyers	FL	33907

Purpose of Disbursement  
Software reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

**Transaction ID : SB30B.30266**

Amount of Each Disbursement this Period

375.74
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Denise Acevedo**

Mailing Address 2710 17th Street

City	State	Zip Code
Zion	IL	60099

Purpose of Disbursement  
Canvassing-Schneider for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30147**

Amount of Each Disbursement this Period

390.00
--------

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address P.O. Box 619612

City	State	Zip Code
DFW Airport	TX	75261-9612

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2012

**Transaction ID : SB30B.29836**

Amount of Each Disbursement this Period

485.30
--------

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

390.00
--------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Apple, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		28		2012

Mailing Address 1 Infinite Loop

**Transaction ID : SB30B.29792**

City	State	Zip Code
Cupertino	CA	95014

Amount of Each Disbursement this Period

Purpose of Disbursement  
Software for I phoneCategory/  
Type

62.73

Candidate Name

**[MEMO ITEM]**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. James Bailey**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2012

Mailing Address 138 Gregory Street

**Transaction ID : SB30B.30203**

City	State	Zip Code
Aurora	IL	60504

Amount of Each Disbursement this Period

Purpose of Disbursement  
Canvassing-Foster for CongressCategory/  
Type

320.00

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. Patrick Bataillon**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2012

Mailing Address 1940 S N Wood Street

**Transaction ID : SB30B.29773**

City	State	Zip Code
Chicago	IL	60622

Amount of Each Disbursement this Period

Purpose of Disbursement  
ILDCC LodgingCategory/  
Type

105.90

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

425.90

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Patrick Bataillon**

Mailing Address 1940 S N Wood Street

City	State	Zip Code
Chicago	IL	60622

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29858**

Amount of Each Disbursement this Period

1840.42
---------

Full Name (Last, First, Middle Initial)

**B. Alexander Bissell**

Mailing Address 103 Forest Place

City	State	Zip Code
Nashville	TN	37215

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29859**

Amount of Each Disbursement this Period

1313.94
---------

Full Name (Last, First, Middle Initial)

**C. Black Finn American Grille**

Mailing Address 210 East Trade Street

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement  
DNC lunch

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2012

**Transaction ID : SB30B.29805**

Amount of Each Disbursement this Period

198.87
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3154.36
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Black Finn American Grille**

Mailing Address 210 East Trade Street

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement  
DNC lunch

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	04	/	2012

**Transaction ID : SB30B.29816**

Amount of Each Disbursement this Period

26.98
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Wesley Boensel**

Mailing Address 15671 Sunset Street

City	State	Zip Code
Petersburg	IL	62675

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	12	/	2012

**Transaction ID : SB30B.29864**

Amount of Each Disbursement this Period

1708.13
---------

Full Name (Last, First, Middle Initial)

**C. Eddie Bradley**

Mailing Address 622 Hickory

City	State	Zip Code
University	IL	60484

Purpose of Disbursement  
Canvassing-Foster for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	15	/	2012

**Transaction ID : SB30B.30204**

Amount of Each Disbursement this Period

648.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2356.13



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. John Brantley**

Mailing Address 505 N. Main Street

City	State	Zip Code
Rockford	IL	61103

Purpose of Disbursement  
Canvassing-Bustos for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30107**

Amount of Each Disbursement this Period

215.00
--------

Full Name (Last, First, Middle Initial)

**B. Steve Brown**

Mailing Address 1201 Fox Trail

City	State	Zip Code
Washington	IL	61571

Purpose of Disbursement  
Campaign expenses DNC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2012

**Transaction ID : SB30B.30273**

Amount of Each Disbursement this Period

664.57
--------

Full Name (Last, First, Middle Initial)

**C. Jack Calve**

Mailing Address 3021 Dale Avenue

City	State	Zip Code
Granite City	IL	62040

Purpose of Disbursement  
Canvassing-Enyart for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30091**

Amount of Each Disbursement this Period

415.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1294.57

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Jonathan Campbell**

Mailing Address 517 S. Walnut

City	State	Zip Code
Springfield	IL	62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29865**

Amount of Each Disbursement this Period

1297.94
---------

Full Name (Last, First, Middle Initial)

**B. Eric Carlson**

Mailing Address 1874 N. Bissell Street

City	State	Zip Code
Chicago	IL	60614

Purpose of Disbursement  
Canvassing-Schneider for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30154**

Amount of Each Disbursement this Period

1416.00
---------

Full Name (Last, First, Middle Initial)

**C. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Bataillon

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29893**

Amount of Each Disbursement this Period

622.06
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3336.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Boensel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29894**

Amount of Each Disbursement this Period

1676.10
---------

Full Name (Last, First, Middle Initial)

**B. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Campbell

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29895**

Amount of Each Disbursement this Period

1835.36
---------

Full Name (Last, First, Middle Initial)

**C. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Cousineau

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29896**

Amount of Each Disbursement this Period

739.28
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4250.74
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Grounds

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29897**

Amount of Each Disbursement this Period

1019.12
---------

Full Name (Last, First, Middle Initial)

**B. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Hall

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29898**

Amount of Each Disbursement this Period

563.34
--------

Full Name (Last, First, Middle Initial)

**C. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Lane

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29899**

Amount of Each Disbursement this Period

1590.08
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**SUBTOTAL** of Disbursements This Page (optional).....▶

3172.54
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**TOTAL** This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Maley

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29900**

Amount of Each Disbursement this Period

624.52
--------

Full Name (Last, First, Middle Initial)

**B. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Maxson

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29902**

Amount of Each Disbursement this Period

712.20
--------

Full Name (Last, First, Middle Initial)

**C. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Mirkovic

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29903**

Amount of Each Disbursement this Period

1677.32
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3014.04
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 78 OF 140

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Nagel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29905**

Amount of Each Disbursement this Period

1340.16
---------

Full Name (Last, First, Middle Initial)

**B. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Nelson

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29906**

Amount of Each Disbursement this Period

1584.50
---------

Full Name (Last, First, Middle Initial)

**C. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Randazzo

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29907**

Amount of Each Disbursement this Period

1923.44
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4848.10

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Schuette

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29908**

Amount of Each Disbursement this Period

712.04
--------

Full Name (Last, First, Middle Initial)

**B. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Strawn

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29909**

Amount of Each Disbursement this Period

1676.10
---------

Full Name (Last, First, Middle Initial)

**C. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Widsom

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29910**

Amount of Each Disbursement this Period

1679.82
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4067.96

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Wegan

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29911**

Amount of Each Disbursement this Period

827.96
--------

Full Name (Last, First, Middle Initial)

**B. Citi Cards**Mailing Address Processing Center  
P.O. Box 688901

City	State	Zip Code
Des Moines	IA	50368

Purpose of Disbursement  
Campaign expenses-DNC 2012

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2012

**Transaction ID : SB30B.29787**

Amount of Each Disbursement this Period

14030.21
----------

Full Name (Last, First, Middle Initial)

**C. Compass Media Group**

Mailing Address 4619 N. Ravenswood

City	State	Zip Code
Chicago	IL	60640

Purpose of Disbursement  
Volunteer exempt mail-Promote David Gill for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2012

**Transaction ID : SB30B.29847**

Amount of Each Disbursement this Period

70771.17
----------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

85629.34



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. William Cousinear**

Mailing Address 2009 S. Glenwood

City	State	Zip Code
Springfield	IL	62704

Purpose of Disbursement  
Campaign expenses

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2012

**Transaction ID : SB30B.30265**

Amount of Each Disbursement this Period

6221.11
---------

Full Name (Last, First, Middle Initial)

**B. William Cousinear**

Mailing Address 2009 S. Glenwood

City	State	Zip Code
Springfield	IL	62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29866**

Amount of Each Disbursement this Period

4262.81
---------

Full Name (Last, First, Middle Initial)

**C. Jeffrey Culotta**

Mailing Address 271 Lincoln Drive

City	State	Zip Code
Bartlett	IL	60103

Purpose of Disbursement  
Canvassing-Foster for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30206**

Amount of Each Disbursement this Period

624.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11107.92
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Jt Davis**

Mailing Address 1801 Elgin Street

City	State	Zip Code
Joliet	IL	60432

Purpose of Disbursement  
Canvassing-Foster for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30207**

Amount of Each Disbursement this Period

270.00
--------

Full Name (Last, First, Middle Initial)

**B. Discover Financial Services**

Mailing Address P.O. Box 6103

City	State	Zip Code
Carol Stream	IL	60197

Purpose of Disbursement  
Campaign expenses DNC 2012

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2012

**Transaction ID : SB30B.29776**

Amount of Each Disbursement this Period

75.00
-------

Full Name (Last, First, Middle Initial)

**C. Aimee Eichelberger**

Mailing Address 12 N. William Street

City	State	Zip Code
Joliet	IL	60435

Purpose of Disbursement  
Canvassing-Foster for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30208**

Amount of Each Disbursement this Period

290.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

635.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Matthew Elias**Mailing Address 235 W. Van Buren  
1406

City Chicago State IL Zip Code 60607

Purpose of Disbursement  
Wages

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29867**

Amount of Each Disbursement this Period

1	5	1	8	.	6	7
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Enterprise Rent-A-Car**

Mailing Address 4202 Air Ramp Road

City Charlotte State NC Zip Code 28214

Purpose of Disbursement  
Transportation for DNC Charlotte visit

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2012

**Transaction ID : SB30B.29819**

Amount of Each Disbursement this Period

1	3	6	4	.	7	3
---	---	---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Patrick Fahey**

Mailing Address 301 S. Kenilworth

City Elmhurst State IL Zip Code 60126

Purpose of Disbursement  
Wages

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29860**

Amount of Each Disbursement this Period

1	1	4	6	.	8	1
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2	6	6	5	.	4	8
---	---	---	---	---	---	---

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 84 OF 140

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

## **A. Federal Express**

Mailing Address 237 S. Tryon Street

City State Zip Code  
 Charlotte NC 28202

Purpose of Disbursement  
Office supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2012

**Transaction ID : SB30B.29810**

Amount of Each Disbursement this Period

85.72

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **B. Nolan Fine**

Mailing Address 10 Londonderry Lane

City State Zip Code  
 Lincolnshire IL 60069

Purpose of Disbursement  
Canvassing-Schneider for Congress

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012

**Transaction ID : SB30B.30159**

Amount of Each Disbursement this Period

1128.00

Full Name (Last, First, Middle Initial)

## **C. Alexander Finke**

Mailing Address 720 N. Gardiner Avenue

City State Zip Code  
 Rockford IL 61107

Purpose of Disbursement  
Wages

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : SB30B.29861**

Amount of Each Disbursement this Period

1387.99

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2515.99

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 140

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Adam Follwell-Young**

Mailing Address 32 Nassau Street

City	State	Zip Code
Granite City	IL	62040

Purpose of Disbursement  
Canvassing-Enyart for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30093**

Amount of Each Disbursement this Period

295.00
--------

Full Name (Last, First, Middle Initial)

**B. Floyd Gooden**

Mailing Address 360 Oakwood

City	State	Zip Code
Waukegan	IL	60085

Purpose of Disbursement  
Canvassing-Schneider for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30162**

Amount of Each Disbursement this Period

222.50
--------

Full Name (Last, First, Middle Initial)

**C. Douglas Grounds**

Mailing Address 2032 N. 20th Street

City	State	Zip Code
Springfield	IL	62702

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29868**

Amount of Each Disbursement this Period

1874.86
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2392.36
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 86 OF 140

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Edward Hall**

Mailing Address 333 S. Lewis

City	State	Zip Code
Springfield	IL	62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29869**

Amount of Each Disbursement this Period

1084.54
---------

Full Name (Last, First, Middle Initial)

**B. Holiday Inn Charlotte Center City**

Mailing Address 230 N. College Street

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement  
Deposit for room

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : SB30B.29788**

Amount of Each Disbursement this Period

286.97
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Holiday Inn Charlotte Center City**

Mailing Address 230 N. College Street

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement  
Deposit for room

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : SB30B.29789**

Amount of Each Disbursement this Period

286.97
--------

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1084.54
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 140

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Holiday Inn Charlotte Center City**

Mailing Address 230 N. College Street

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement  
Deposit for room

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

**Transaction ID : SB30B.29790**

Amount of Each Disbursement this Period

286.97
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Holiday Inn Charlotte Center City**

Mailing Address 230 N. College Street

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2012

**Transaction ID : SB30B.30275**

Amount of Each Disbursement this Period

286.97
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Holiday Inn Charlotte Center City**

Mailing Address 230 N. College Street

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement  
DNC week hotel room charges

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2012

**Transaction ID : SB30B.29827**

Amount of Each Disbursement this Period

2008.79
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Holiday Inn Charlotte Center City**

Mailing Address 230 N. College Street

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement  
DNC week hotel room charges

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2012

**Transaction ID : SB30B.29828**

Amount of Each Disbursement this Period

2008.79
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Holiday Inn Charlotte Center City**

Mailing Address 230 N. College Street

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement  
DNC week hotel room charges

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2012

**Transaction ID : SB30B.29829**

Amount of Each Disbursement this Period

2008.79
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Holiday Inn Charlotte Center City**

Mailing Address 230 N. College Street

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement  
DNC week hotel room charges

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2012

**Transaction ID : SB30B.29830**

Amount of Each Disbursement this Period

2038.66
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address Department of the Treasury

City	State	Zip Code
Kansas City	MO	64999

Purpose of Disbursement  
Payroll taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29886**

Amount of Each Disbursement this Period

21689.79
----------

Full Name (Last, First, Middle Initial)

**B. Michael Jones**

Mailing Address 505 N. Main Street

City	State	Zip Code
Rockford	IL	61103

Purpose of Disbursement  
Canvassing-Bustos for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30124**

Amount of Each Disbursement this Period

245.00
--------

Full Name (Last, First, Middle Initial)

**C. Heather Kazmark**

Mailing Address 506 Manhattan Road

City	State	Zip Code
Joliet	IL	60433

Purpose of Disbursement  
Canvassing-Foster for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30215**

Amount of Each Disbursement this Period

210.00
--------

**SUBTOTAL** of Disbursements This Page (optional).....▶

22144.79
----------

**TOTAL** This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Doug Kolman**

Mailing Address 2163 Riverside Drive

City	State	Zip Code
Beloit	WI	53511

Purpose of Disbursement  
Canvassing-Bustos for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30126**

Amount of Each Disbursement this Period

777.00
--------

Full Name (Last, First, Middle Initial)

**B. David Lakeman**

Mailing Address 2006 E. Main Street

City	State	Zip Code
Belleville	IL	62221

Purpose of Disbursement  
Canvassing-Enyart for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30098**

Amount of Each Disbursement this Period

260.00
--------

Full Name (Last, First, Middle Initial)

**C. Eric Lane**

Mailing Address 335 Teal Drive

City	State	Zip Code
Chatham	IL	62629

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29870**

Amount of Each Disbursement this Period

2309.63
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3346.63
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Eric Lane**

Mailing Address 335 Teal Drive

City	State	Zip Code
Chatham	IL	62629

Purpose of Disbursement  
Per diem

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29912**

Amount of Each Disbursement this Period

1360.00
---------

Full Name (Last, First, Middle Initial)

**B. Hillary Laskonis**

Mailing Address 1815 Vernon

City	State	Zip Code
Rockford	IL	61103

Purpose of Disbursement  
Canvassing-Bustos for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30128**

Amount of Each Disbursement this Period

225.00
--------

Full Name (Last, First, Middle Initial)

**C. Lawrence Lee**

Mailing Address 2608 Arthur Avenue

City	State	Zip Code
Rockford	IL	61101

Purpose of Disbursement  
Canvassing-Bustos for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30129**

Amount of Each Disbursement this Period

345.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►

1930.00
---------

**TOTAL** This Period (last page this line number only)..... ►

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Robert Lewis**

Mailing Address 1737 Jackson

City	State	Zip Code
North Chicago	IL	60064

Purpose of Disbursement  
Canvassing-Schneider for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30168**

Amount of Each Disbursement this Period

265.00
--------

Full Name (Last, First, Middle Initial)

**B. Lowes-3101 W. Wabash**

Mailing Address 3101 W. Wabash

City	State	Zip Code
Springfield	IL	62704

Purpose of Disbursement  
Office supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2012

**Transaction ID : SB30B.29794**

Amount of Each Disbursement this Period

25.66
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Luce Ristorante Bar**

Mailing Address 214 N. Tryon Street

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement  
Dinner for Dem.convention

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2012

**Transaction ID : SB30B.29798**

Amount of Each Disbursement this Period

610.47
--------

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

265.00
--------

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Christopher Maley**

Mailing Address 2233 Boysenberry Lane

City	State	Zip Code
Springfield	IL	62711

Purpose of Disbursement  
Campaign expenses

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2012

**Transaction ID : SB30B.29779**

Amount of Each Disbursement this Period

87.97
-------

Full Name (Last, First, Middle Initial)

**B. Christopher Maley**

Mailing Address 2233 Boysenberry Lane

City	State	Zip Code
Springfield	IL	62711

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29871**

Amount of Each Disbursement this Period

2468.40
---------

Full Name (Last, First, Middle Initial)

**C. Christopher Maley**

Mailing Address 2233 Boysenberry Lane

City	State	Zip Code
Springfield	IL	62711

Purpose of Disbursement  
Per diem

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29913**

Amount of Each Disbursement this Period

1020.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶

3576.37
---------

**TOTAL** This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Jonathan Maxson**

Mailing Address 400 E. Jefferson

City	State	Zip Code
Springfield	IL	62701

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29872**

Amount of Each Disbursement this Period

1281.99
---------

Full Name (Last, First, Middle Initial)

**B. Jonathan Maxson**

Mailing Address 400 E. Jefferson

City	State	Zip Code
Springfield	IL	62701

Purpose of Disbursement  
Per diem

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29914**

Amount of Each Disbursement this Period

1200.00
---------

Full Name (Last, First, Middle Initial)

**C. Desiree Mayes**

Mailing Address 45 W. Phillips Street

City	State	Zip Code
Mascoutah	IL	62258

Purpose of Disbursement  
Canvassing-Enyart for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30100**

Amount of Each Disbursement this Period

230.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2711.99
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Clyde McLemore**

Mailing Address 2815 Ezekiel

City	State	Zip Code
Zion	IL	60099

Purpose of Disbursement  
Canvassing-Schneider for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30172**

Amount of Each Disbursement this Period

410.00
--------

Full Name (Last, First, Middle Initial)

**B. Mimosa Grill**

Mailing Address 327 S. Tryon

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement  
DNC dinner

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2012

**Transaction ID : SB30B.29807**

Amount of Each Disbursement this Period

540.32
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. John Mirkovic**

Mailing Address 24 Kirkley Lane

City	State	Zip Code
Springfield	IL	62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29873**

Amount of Each Disbursement this Period

1899.51
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2309.51
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Mission Control**

Mailing Address 114A Mansfield Hollow Road

City	State	Zip Code
Mansfield Center	CT	06250

Purpose of Disbursement	<input type="text"/>
Volunteer exemp mail-promote Schneider for Congress	

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2012

**Transaction ID : SB30B.30258**

Amount of Each Disbursement this Period

43989.94
----------

Full Name (Last, First, Middle Initial)

**B. Montage Deer Valley**

Mailing Address 9100 Marsac Avenue

City	State	Zip Code
Park City	IL	84060

Purpose of Disbursement	<input type="text"/>
Pre register for room	

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2012

**Transaction ID : SB30B.29834**

Amount of Each Disbursement this Period

197.71
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. James Moore**

Mailing Address 606 Fourth Avenue

City	State	Zip Code
Joliet	IL	60433

Purpose of Disbursement	<input type="text"/>
Canvassing-Foster for Congress	

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30219**

Amount of Each Disbursement this Period

260.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

44249.94
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Mosaic**

Mailing Address 10701 Labert International Airport

City	State	Zip Code
St Louis	MO	63134

Purpose of Disbursement  
Staff refreshments

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2012

**Transaction ID : SB30B.29799**

Amount of Each Disbursement this Period

69.31
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Russell Nagel**

Mailing Address 529 S. Glenwood Avenue

City	State	Zip Code
Springfield	IL	62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29874**

Amount of Each Disbursement this Period

2526.27
---------

Full Name (Last, First, Middle Initial)

**C. Edward Nelson**

Mailing Address 520 S. 2nd Street

City	State	Zip Code
Springfield	IL	62701

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29875**

Amount of Each Disbursement this Period

1251.07
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3777.34

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 98 OF 140

☐ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☒ 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Ted Nelson**

Mailing Address Springfield

City Springfield State IL Zip Code 62701

Purpose of Disbursement  
Per diem

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
 10 12 2012

**Transaction ID : SB30B.29915**

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

**B. Brandon O'Sullivan**

Mailing Address 1733 W. Winnemac

City Chicago State IL Zip Code 60640

Purpose of Disbursement  
Wages

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
 10 12 2012

**Transaction ID : SB30B.29876**

Amount of Each Disbursement this Period

3363.00

Full Name (Last, First, Middle Initial)

**C. Office Depot-Springfield**

Mailing Address 3120 S. Veterans Parkway

City Springfield State IL Zip Code 62707

Purpose of Disbursement  
Printer cartridge

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
 08 28 2012

**Transaction ID : SB30B.29791**

Amount of Each Disbursement this Period

64.79

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4063.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Office Max - 2951 W. Iles Avenue**

Mailing Address 2951 West Iles Avenue

City	State	Zip Code
Springfield	IL	62704

Purpose of Disbursement  
Office supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2012

**Transaction ID : SB30B.29831**

Amount of Each Disbursement this Period

239.73
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Omni Hotels and Resorts**

Mailing Address 132 East Trade Street

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement  
Hotel charge

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2012

**Transaction ID : SB30B.29821**

Amount of Each Disbursement this Period

7.66
------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Omni Hotels and Resorts**

Mailing Address 132 East Trade Street

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement  
Hotel charges

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2012

**Transaction ID : SB30B.29824**

Amount of Each Disbursement this Period

87.60
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Omni Hotels and Resorts**

Mailing Address 132 East Trade Street

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement  
Hotel charges

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2012

**Transaction ID : SB30B.29825**

Amount of Each Disbursement this Period

11.72
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Daniel Parker**

Mailing Address 8105 Hunt Road

City	State	Zip Code
Springfield	IL	62712

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29877**

Amount of Each Disbursement this Period

687.24
--------

Full Name (Last, First, Middle Initial)

**C. Jimmie Patterson**

Mailing Address 20415 Spruce Lane

City	State	Zip Code
Crest Hill	IL	60403

Purpose of Disbursement  
Canvassing-Foster for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30221**

Amount of Each Disbursement this Period

270.00
--------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

957.24



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Tracy Peterson**

Mailing Address 2604 Grant Street

City  
BettendorfState  
IAZip Code  
52722Purpose of Disbursement  
Canvassing- Bustos for Congress

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30134**

Amount of Each Disbursement this Period

287.50
--------

Full Name (Last, First, Middle Initial)

**B. Victoria Preasley**

Mailing Address 954 Pine Street

City  
WaukeganState  
ILZip Code  
60085Purpose of Disbursement  
Canvassing-Schneider for Congress

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30180**

Amount of Each Disbursement this Period

235.00
--------

Full Name (Last, First, Middle Initial)

**C. Nick Raftopoulos**

Mailing Address 2964 Iowa Street

City  
Granite CityState  
ILZip Code  
62040Purpose of Disbursement  
Canvassing-Enyart for Congress

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30103**

Amount of Each Disbursement this Period

375.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

897.50
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Giovanni Randazzo**

Mailing Address 3709 Carnleigh Boulevard

City	State	Zip Code
Springfield	IL	62712

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29878**

Amount of Each Disbursement this Period

2644.20
---------

Full Name (Last, First, Middle Initial)

**B. Laura Reimers**

Mailing Address 1005 W. Gregory Drive

City	State	Zip Code
Urbana	IL	61801

Purpose of Disbursement  
Canvassing-Gill for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30242**

Amount of Each Disbursement this Period

215.00
--------

Full Name (Last, First, Middle Initial)

**C. Rock Bottom-Charlotte**

Mailing Address 401 North Tryon Steet # 1

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement  
Lunch-DNC convention

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

**Transaction ID : SB30B.29801**

Amount of Each Disbursement this Period

135.10
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2859.20
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Ryder**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2012

Mailing Address 3414 Lumber Lane

**Transaction ID : SB30B.30267**

City	State	Zip Code
Springfield	IL	62707

Amount of Each Disbursement this Period

Purpose of Disbursement  
Truck rental reimbursement

5845.37

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. Jeff Schuette**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

Mailing Address 420 W. Edwards

**Transaction ID : SB30B.29879**

City	State	Zip Code
Springfield	IL	62704

Amount of Each Disbursement this Period

Purpose of Disbursement  
Wages

1240.19

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. W. Robert Schultz**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

Mailing Address 2110 N. St. Louis

**Transaction ID : SB30B.30186**

City	State	Zip Code
Chicago	IL	60647

Amount of Each Disbursement this Period

Purpose of Disbursement  
Canvassing-Schneider for Congress

205.00

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1445.19

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Tuesday Simpson**

Mailing Address 315 Helmholtz

City	State	Zip Code
Waukegan	IL	60085

Purpose of Disbursement  
Canvassing-Schneider for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30188**

Amount of Each Disbursement this Period

385.00
--------

Full Name (Last, First, Middle Initial)

**B. Roger E. Smith**

Mailing Address P.O. Box 184

City	State	Zip Code
Tovey	IL	62570

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29881**

Amount of Each Disbursement this Period

589.46
--------

Full Name (Last, First, Middle Initial)

**C. Tonya Smith**

Mailing Address 2046 Hebron Avenue

City	State	Zip Code
Zion	IL	60099

Purpose of Disbursement  
Canvassing-Schneider for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30189**

Amount of Each Disbursement this Period

302.50
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1276.96
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Allison Spellman**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

Mailing Address 1321 Brentwood Place

City	State	Zip Code
Joliet	IL	60435

**Transaction ID : SB30B.30223**Purpose of Disbursement  
Canvassing-Foster for Congress

Amount of Each Disbursement this Period

Candidate Name

  
Category/  
Type

 240.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. Marvelle Spiller**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

Mailing Address 300 Lake Street

City	State	Zip Code
Waukegan	IL	60085

**Transaction ID : SB30B.30190**Purpose of Disbursement  
Canvassing-Schneider for Congress

Amount of Each Disbursement this Period

Candidate Name

  
Category/  
Type

 582.50

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. Roxanne Starkey**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

Mailing Address 2324 Joppa Avenue

City	State	Zip Code
Zion	IL	60099

**Transaction ID : SB30B.30191**Purpose of Disbursement  
Canvassing-Schneider for Congress

Amount of Each Disbursement this Period

Candidate Name

  
Category/  
Type

 277.50

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶
 1100.00
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. State Disbursement Unit**

Mailing Address P.O. Box 5400

City	State	Zip Code
Carol Stream	IL	60197

Purpose of Disbursement  
Child Support payment

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29855**

Amount of Each Disbursement this Period

120.00
--------

Full Name (Last, First, Middle Initial)

**B. State Disbursement Unit**

Mailing Address P.O. Box 5400

City	State	Zip Code
Carol Stream	IL	60197

Purpose of Disbursement  
Child Support payment

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29857**

Amount of Each Disbursement this Period

108.00
--------

Full Name (Last, First, Middle Initial)

**C. State House Inn**

Mailing Address 101 E. Adams Street

City	State	Zip Code
Springfield	IL	62701

Purpose of Disbursement  
ILDCC Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		14		2012

**Transaction ID : SB30B.29774**

Amount of Each Disbursement this Period

105.90
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

228.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Stockphoto LP**

Mailing Address 1240 20th Avenue

City	State	Zip Code
Calgary	ZZ	99999

Purpose of Disbursement  
Mail program

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2012

**Transaction ID : SB30B.29780**

Amount of Each Disbursement this Period

87.97
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Lisa Strawn**

Mailing Address 69 Michele Dr.

City	State	Zip Code
Pawnee	IL	62558

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29882**

Amount of Each Disbursement this Period

1568.65
---------

Full Name (Last, First, Middle Initial)

**C. Subway**

Mailing Address 60 Grandview Plaza

City	State	Zip Code
Florissant	MO	63031

Purpose of Disbursement  
DNC lunch

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2012

**Transaction ID : SB30B.29822**

Amount of Each Disbursement this Period

30.79
-------

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1568.65
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Super Park Intermediate**

Mailing Address International Airport

City	State	Zip Code
St. Louis	MO	62708

Purpose of Disbursement  
Parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2012

**Transaction ID : SB30B.29818**

Amount of Each Disbursement this Period

104.00
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Super Park Intermediate**

Mailing Address International Airport

City	State	Zip Code
St. Louis	MO	62708

Purpose of Disbursement  
Parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2012

**Transaction ID : SB30B.30277**

Amount of Each Disbursement this Period

87.50
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Super Park Intermediate**

Mailing Address International Airport

City	State	Zip Code
St. Louis	MO	62708

Purpose of Disbursement  
DNC 2012 parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

**Transaction ID : SB30B.29777**

Amount of Each Disbursement this Period

50.00
-------

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 111 OF 140

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Samuel Tempel**

Mailing Address 612 W. Elm Street

City	State	Zip Code
Urbana	IL	62684

Purpose of Disbursement  
Canvassing-Gill for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30246**

Amount of Each Disbursement this Period

260.00
--------

Full Name (Last, First, Middle Initial)

**B. The Strategy Group, Inc.**Mailing Address 1603 Orrington Avenue  
Suite 1730

City	State	Zip Code
Evanston	IL	60201

Purpose of Disbursement  
Volunteer exempt mail-promote Foster for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30253**

Amount of Each Disbursement this Period

75940.64
----------

Full Name (Last, First, Middle Initial)

**C. The Wit Chicago**

Mailing Address 201 N. State Street

City	State	Zip Code
Chicago	IL	60601

Purpose of Disbursement  
Hotel room-Mapes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2012

**Transaction ID : SB30B.29832**

Amount of Each Disbursement this Period

331.74
--------

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

76200.64
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	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

DEMOCRATIC PARTY OF ILLINOIS

### A. Gary Timmins

Category/  
Type

708.00

State:  District:

### B. Alex Tolar

Category/  
Type

493.30

State:  District:

### C. US Airways

Category/  
Type

290.10

State:  District:

1201.30



	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

DEMOCRATIC PARTY OF ILLINOIS

### A. US Airways

Category/  
Type

25.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

### B. US Airways

08 / 29 / 2012

Category/  
Type

25.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

### C. US Airways

Category/  
Type

100.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. US Airways**

Mailing Address 4000 E. Sky Harbor Boulevard

City	State	Zip Code
Phoenix	AZ	85034

Purpose of Disbursement  
DNC 2012 baggage charge

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2012

**Transaction ID : SB30B.29778**

Amount of Each Disbursement this Period

25.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. US Airways**

Mailing Address 4000 E. Sky Harbor Boulevard

City	State	Zip Code
Phoenix	AZ	85034

Purpose of Disbursement  
Baggage charge

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2012

**Transaction ID : SB30B.29817**

Amount of Each Disbursement this Period

25.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. US Airways**

Mailing Address 4000 E. Sky Harbor Boulevard

City	State	Zip Code
Phoenix	AZ	85034

Purpose of Disbursement  
Baggage charge

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2012

**Transaction ID : SB30B.29826**

Amount of Each Disbursement this Period

100.00
--------

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Zach Weiner**

Mailing Address 1525 Woodland Drive

City	State	Zip Code
Deerfield	IL	60015

Purpose of Disbursement  
Canvassing-Schneider for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30199**

Amount of Each Disbursement this Period

700.00
--------

Full Name (Last, First, Middle Initial)

**B. Wild Wing Cafe**

Mailing Address 210 East Trade Street

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement  
DNC lunch

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2012

**Transaction ID : SB30B.29813**

Amount of Each Disbursement this Period

123.85
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Jamie Wisdom**

Mailing Address 1328 Sellars Road

City	State	Zip Code
Winchester	IL	62694

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29884**

Amount of Each Disbursement this Period

2500.16
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3200.16
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Thomas Wogan**

Mailing Address 10651 S. Artesian Avenue

City	State	Zip Code
Chicago	IL	60655

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29885**

Amount of Each Disbursement this Period

1651.50
---------

Full Name (Last, First, Middle Initial)

**B. Thomas Wogan**

Mailing Address 10651 S. Artesian Avenue

City	State	Zip Code
Chicago	IL	60655

Purpose of Disbursement  
Per diem

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29917**

Amount of Each Disbursement this Period

1200.00
---------

Full Name (Last, First, Middle Initial)

**C. Matthew Zagorski**

Mailing Address 40572 N. Terry Lane

City	State	Zip Code
Antioch	IL	60002

Purpose of Disbursement  
Canvassing-Schneider for Congress

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

**Transaction ID : SB30B.30201**

Amount of Each Disbursement this Period

342.50
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3194.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 140

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Walter Zinn**

Mailing Address 190 N. College Street

City	State	Zip Code
Pontotoc	MS	38863

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SB30B.29862**

Amount of Each Disbursement this Period

1651.77
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**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1651.77
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326852.65
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**SCHEDULE H2 (FEC Form 3X)****ALLOCATION RATIOS**

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NAME OF COMMITTEE (In Full)  
DEMOCRATIC PARTY OF ILLINOIS**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT  
ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER 09-18-12 Com Ed event (09/18/2012) ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported <b>Transaction ID : H2.32911</b>	FEDERAL % <div>28.00 %</div>	NONFEDERAL % <div>72.00 %</div>
ACTIVITY OR EVENT IDENTIFIER 2012 Fall Event 09-26-12 (09/26/2012) ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Same as Previously Reported <b>Transaction ID : H2.29841</b>	FEDERAL % <div>28.00 %</div>	NONFEDERAL % <div>72.00 %</div>
ACTIVITY OR EVENT IDENTIFIER 2012 ITLA 10-04-2012 (10/04/2012) ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported <b>Transaction ID : H2.29783</b>	FEDERAL % <div>28.00 %</div>	NONFEDERAL % <div>72.00 %</div>
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 120 OF 140

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)  
 DEMOCRATIC PARTY OF ILLINOIS

NAME OF ACCOUNT  
 DEMOCRATIC PARTY OF ILLINOIS

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2012

TOTAL AMOUNT TRANSFERRED

17310.26

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

17310.26

Transaction ID : H3.30285

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred).....



**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 121 OF 140

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)  
 DEMOCRATIC PARTY OF ILLINOIS

NAME OF ACCOUNT  
 DEMOCRATIC PARTY OF ILLINOIS

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2012

TOTAL AMOUNT TRANSFERRED

5658.30

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

5658.30

Transaction ID : H3.30300

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred).....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 122 OF 140

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)  
 DEMOCRATIC PARTY OF ILLINOIS

NAME OF ACCOUNT  
 DEMOCRATIC PARTY OF ILLINOIS

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2012

TOTAL AMOUNT TRANSFERRED

34655.73

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

34655.73

Transaction ID : H3.30301

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

57624.29

TOTAL This Period (Generic Voter Drive) .....

0.00

TOTAL This Period (Exempt Activities) .....

0.00

TOTAL This Period (Direct Fundraising) .....

0.00

TOTAL This Period (Direct Candidate Support) .....

0.00

TOTAL This Period (Public Communications Referring Only to Party) .....

0.00

TOTAL This Period (Total Amount Transferred).....

57624.29

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 123 OF 140

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>PNC Bank</b>		<b>Transaction ID : H4.29849</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address P.O. Box 609				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Pittsburgh	State PA	Zip Code 15230-9738		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Service charge				Allocated Activity or Event Year-To-Date 379138.60	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 10 / 01 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
41.44			106.56		148.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Tim Mapes</b>		<b>Transaction ID : H4.30262</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 632 Old Tippercanoe				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Springfield	State IL	Zip Code 62707		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Mileage reimbursement				Allocated Activity or Event Year-To-Date 379359.82	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 01 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
61.94			159.28		221.22

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Eric Lane</b>		<b>Transaction ID : H4.30263</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 335 Teal Drive				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Chatham	State IL	Zip Code 62629		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Mileage reimbursement				Allocated Activity or Event Year-To-Date 380516.06	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 01 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
323.75			832.49		1156.24

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
427.13		1098.33		1525.46

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 124 OF 140

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Clearfire Studios</b>			<b>Transaction ID : H4.30268</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2412 Silvermill Court						Allocated Activity or Event Year-To-Date 380566.06		
City Springfield	State IL	Zip Code 62704				Date 10 / 01 / 2012		
Purpose of Disbursement: Website updates								
Activity or Event Identifier: <b>Administrative</b>			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
14.00						=		
			36.00			TOTAL AMOUNT		
						50.00		

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Quill Corporation</b>			<b>Transaction ID : H4.30269</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 94081						Allocated Activity or Event Year-To-Date 380832.76		
City Palatine	State IL	Zip Code 60094-4081				Date 10 / 02 / 2012		
Purpose of Disbursement: Office Supplies								
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
74.68						=		
			192.02			TOTAL AMOUNT		
						266.70		

<b>C. Full Name (Last, First, Middle Initial)</b> <b>UPS</b>			<b>Transaction ID : H4.30270</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Lockbox 577						Allocated Activity or Event Year-To-Date 380875.96		
City Carol Stream	State IL	Zip Code 60132-0577				Date 10 / 02 / 2012		
Purpose of Disbursement: Shipping								
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
12.10						=		
			31.10			TOTAL AMOUNT		
						43.20		

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
100.78		259.12		359.90

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Federal Express</b>		<b>Transaction ID : H4.30271</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 3432 Freedom Drive					
City Springfield	State IL	Zip Code 62704			
Purpose of Disbursement: Shipping				Allocated Activity or Event Year-To-Date 380904.70	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 02 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.05			20.69		28.74

<b>B. Full Name (Last, First, Middle Initial)</b> <b>United Health Care</b>		<b>Transaction ID : H4.30335</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4316 Rice Lake Road					
City Doluth	State MN	Zip Code 55811			
Purpose of Disbursement: Insurance				Allocated Activity or Event Year-To-Date 390421.15	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 02 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2664.61			6851.84		9516.45

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Patrick Bataillon</b>		<b>Transaction ID : H4.29769</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1940 S N Wood Street					
City Chicago	State IL	Zip Code 60622			
Purpose of Disbursement: Mileage reimbursement				Allocated Activity or Event Year-To-Date 390809.15	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 03 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
108.64			279.36		388.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2781.30		7151.89		9933.19

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 126 OF 140

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Culligan of Decatur</b>		<b>Transaction ID : H4.29775</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2767 N. Main Street					
City Decatur	State IL	Zip Code 62526			
Purpose of Disbursement: Water				Allocated Activity or Event Year-To-Date 390927.26	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.07			85.04		118.11

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Northern Trust</b>		<b>Transaction ID : H4.30331</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 50 S. LaSalle Street					
City Chicago	State IL	Zip Code 60675			
Purpose of Disbursement: Bank fee				Allocated Activity or Event Year-To-Date 390957.26	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.40			21.60		30.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>AT &amp; T</b>		<b>Transaction ID : H4.29781</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 9001308					
City Louisville	State KY	Zip Code 40290-1308			
Purpose of Disbursement: Telephone				Allocated Activity or Event Year-To-Date 391548.75	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
165.62			425.87		591.49

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
207.09		532.51		739.60

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 127 OF 140

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>UPS</b>		<b>Transaction ID : H4.29785</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address Lockbox 577				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Carol Stream	State IL	Zip Code 60132-0577		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Shipping		Category/ Type		Allocated Activity or Event Year-To-Date 391781.96	
Activity or Event Identifier: Administrative				Date 10 / 06 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
65.30			167.91		233.21

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Perkins Coie</b>		<b>Transaction ID : H4.29786</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 607 Fourteenth Street N.W.				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Washington	State DC	Zip Code 20005		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Attorney fees		Category/ Type		Allocated Activity or Event Year-To-Date 392677.29	
Activity or Event Identifier: Administrative				Date 10 / 09 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
250.69			644.64		895.33

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Lexis Nexis</b>		<b>Transaction ID : H4.29838</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address P.O. Box 2314				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Carol Stream	State IL	Zip Code 60132-2314		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Utilities		Category/ Type		Allocated Activity or Event Year-To-Date 393282.29	
Activity or Event Identifier: Administrative				Date 10 / 10 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
169.40			435.60		605.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
485.39		1248.15		1733.54

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 128 OF 140

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Northern Trust</b>		<b>Transaction ID : H4.30333</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 50 S. LaSalle Street				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Chicago	State IL	Zip Code 60675		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Bank fee				Allocated Activity or Event Year-To-Date 393287.29	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 10 / 10 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.40			3.60		5.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Eric Lane</b>		<b>Transaction ID : H4.29850</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 335 Teal Drive				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Chatham	State IL	Zip Code 62629		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Mileage and lodging reimbursement				Allocated Activity or Event Year-To-Date 394385.21	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 11 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
307.42			790.50		1097.92

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Eric Lane</b>		<b>Transaction ID : H4.29851</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 335 Teal Drive				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Chatham	State IL	Zip Code 62629		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Mileage reimbursement				Allocated Activity or Event Year-To-Date 394385.21	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 11 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
283.69			729.48		1013.17

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
308.82		794.10		1102.92

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 129 OF 140

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Harrahs Joliet Hotel</b>		<b>Transaction ID : H4.29852</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 151 N. Joliet Street					
City Joliet	State IL	Zip Code 60432			
Purpose of Disbursement: Lodging reimbursement				Allocated Activity or Event Year-To-Date 394385.21	
Activity or Event Identifier: <b>Administrative</b> [MEMO ITEM]		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="23.73"/>			<input type="text" value="61.02"/>		<input type="text" value="84.75"/>

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Northern Trust</b>		<b>Transaction ID : H4.30332</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 50 S. LaSalle Street					
City Chicago	State IL	Zip Code 60675			
Purpose of Disbursement: Bank fee				Allocated Activity or Event Year-To-Date 394390.21	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="1.40"/>			<input type="text" value="3.60"/>		<input type="text" value="5.00"/>

<b>C. Full Name (Last, First, Middle Initial)</b> <b>ADP</b>		<b>Transaction ID : H4.29854</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 209 West Jackson					
City Chicago	State IL	Zip Code 60606			
Purpose of Disbursement: Payroll fee				Allocated Activity or Event Year-To-Date 394514.91	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="34.92"/>			<input type="text" value="89.78"/>		<input type="text" value="124.70"/>

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="36.32"/>		<input type="text" value="93.38"/>		<input type="text" value="129.70"/>

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 130 OF 140

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Internal Revenue Service</b>		<b>Transaction ID : H4.29887</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Department of the Treasury					
City Kansas City	State MO	Zip Code 64999			
Purpose of Disbursement: Payroll taxes				Allocated Activity or Event Year-To-Date 399733.41	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 10 / 12 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1461.18			3757.32		5218.50

<b>B. Full Name (Last, First, Middle Initial)</b> <b>ADP</b>		<b>Transaction ID : H4.29888</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 209 West Jackson					
City Chicago	State IL	Zip Code 60606			
Purpose of Disbursement: Payroll fee				Allocated Activity or Event Year-To-Date 399793.61	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 12 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.86			43.34		60.20

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Natalie Dougherty</b>		<b>Transaction ID : H4.29889</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2000 Tuyrtle Creek Drive					
City Chatham	State IL	Zip Code 62629			
Purpose of Disbursement: Wages spends < 25% on FEA				Allocated Activity or Event Year-To-Date 400861.90	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 12 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
299.12			769.17		1068.29

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1777.16		4569.83		6346.99

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Tim Mapes</b>			<b>Transaction ID : H4.29890</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 632 Old Tippercanoe								
City Springfield	State IL	Zip Code 62707				Allocated Activity or Event Year-To-Date 406619.01		
Purpose of Disbursement: Wages spends < 25% on FEA						Date <input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>		
Activity or Event Identifier: <b>Administrative</b>			Category/ Type					
FEDERAL SHARE			+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
1611.99				4145.12			5757.11	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Kathy Murray</b>			<b>Transaction ID : H4.29891</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 500 Wingate Drive								
City Sherman	State IL	Zip Code 62684				Allocated Activity or Event Year-To-Date 408187.67		
Purpose of Disbursement: Wages spends < 25% on FEA						Date <input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>		
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
439.22				1129.44			1568.66	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Sarah Nelson</b>			<b>Transaction ID : H4.29892</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 520 S. 2nd Street Apt. 1112								
City Springfield	State IL	Zip Code 62701				Allocated Activity or Event Year-To-Date 409555.23		
Purpose of Disbursement: Wages spends < 25% on FEA						Date <input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>		
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
382.92				984.64			1367.56	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2434.13		6259.20		8693.33

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Northern Trust</b>		<b>Transaction ID : H4.30334</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 50 S. LaSalle Street					
City Chicago	State IL	Zip Code 60675			
Purpose of Disbursement: Bank fee				Allocated Activity or Event Year-To-Date 409560.23	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.40			3.60		5.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>AT &amp; T</b>		<b>Transaction ID : H4.29918</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 9001308					
City Louisville	State KY	Zip Code 40290-1308			
Purpose of Disbursement: Telephone				Allocated Activity or Event Year-To-Date 409799.73	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
67.06			172.44		239.50

<b>C. Full Name (Last, First, Middle Initial)</b> <b>UPS</b>		<b>Transaction ID : H4.29919</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Lockbox 577					
City Carol Stream	State IL	Zip Code 60132-0577			
Purpose of Disbursement: Shipping				Allocated Activity or Event Year-To-Date 409851.14	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.39			37.02		51.41

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
82.85		213.06		295.91

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Kenny and Kenny, P.C.</b>		<b>Transaction ID : H4.30254</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1400 W. 47th Street					
City La Grange	State IL	Zip Code 60525			
Purpose of Disbursement: Bookkeeping				Allocated Activity or Event Year-To-Date 410202.14	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
98.28			252.72		351.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>AT &amp; T Teleconference Services</b>		<b>Transaction ID : H4.30255</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 2840					
City Omaha	State NE	Zip Code 68103			
Purpose of Disbursement: Telephone				Allocated Activity or Event Year-To-Date 410408.75	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
57.85			148.76		206.61

<b>C. Full Name (Last, First, Middle Initial)</b> <b>The Chicago Club</b>		<b>Transaction ID : H4.30256</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 81 East Van Buren Street					
City Chicago	State IL	Zip Code 60605			
Purpose of Disbursement: Fundraising food				Allocated Activity or Event Year-To-Date 7507.75	
Activity or Event Identifier: 2012 Com Ed 09-18-12(09/18/2012)		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2102.17			5405.58		7507.75

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2258.30		5807.06		8065.36

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Koam Taxi</b>		<b>Transaction ID : H4.29842</b>		Allocated Activity or Event:	
Mailing Address 6330 N. Clark Avenue				<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Chicago	State IL	Zip Code 60660			
Purpose of Disbursement: Parking				Allocated Activity or Event Year-To-Date 125022.94	
Activity or Event Identifier: 2012 Fall Event 09-26-12(09/26/2012)		Category/ Type		Date 10 / 10 / 2012	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
2.52			6.48		9.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Mary Ladas</b>		<b>Transaction ID : H4.29840</b>		Allocated Activity or Event:	
Mailing Address 90 Timberline Drive				<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Lemont	State IL	Zip Code 60439			
Purpose of Disbursement: Reimbursement parking				Allocated Activity or Event Year-To-Date 125022.94	
Activity or Event Identifier: 2012 Fall Event 09-26-12(09/26/2012)		Category/ Type		Date 10 / 10 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
4.76			12.24		17.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Yellow Cab</b>		<b>Transaction ID : H4.29844</b>		Allocated Activity or Event:	
Mailing Address 2231 S. Wabash Avenue				<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Chicago	State IL	Zip Code 60616			
Purpose of Disbursement: Parking				Allocated Activity or Event Year-To-Date 125022.94	
Activity or Event Identifier: 2012 Fall Event 09-26-12(09/26/2012)		Category/ Type		Date 10 / 10 / 2012	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
2.24			5.76		8.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.76		12.24		17.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Tim Mapes</b>			<b>Transaction ID : H4.29784</b>			Allocated Activity or Event:		
Mailing Address 632 Old Tippercanoe						<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City	State	Zip Code				Allocated Activity or Event Year-To-Date		
Springfield	IL	62707				89.24		
Purpose of Disbursement: Mileage reimbursement						Date		
Activity or Event Identifier: 2012 ITLA 10-04-2012(10/04/2012)			Category/ Type			M M / D D / Y Y Y Y Y Y 10 / 06 / 2012		
FEDERAL SHARE			+			NONFEDERAL SHARE		
24.99						=		
			64.25			TOTAL AMOUNT		
						89.24		

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Central Management Services</b>			<b>Transaction ID : H4.29901</b>			Allocated Activity or Event:		
Mailing Address P.O. Box 10077						<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City	State	Zip Code				Allocated Activity or Event Year-To-Date		
Springfield	IL	62791				947.40		
Purpose of Disbursement: Insurance-Mapes spends<25% on FEA						Date		
Activity or Event Identifier: 2012 ITLA 10-04-2012(10/04/2012)			Category/ Type			M M / D D / Y Y Y Y Y Y 10 / 12 / 2012		
FEDERAL SHARE			+			NONFEDERAL SHARE		
240.28						=		
			617.88			TOTAL AMOUNT		
						858.16		

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Central Management Services</b>			<b>Transaction ID : H4.29904</b>			Allocated Activity or Event:		
Mailing Address P.O. Box 10077						<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City	State	Zip Code				Allocated Activity or Event Year-To-Date		
Springfield	IL	62791				2623.50		
Purpose of Disbursement: Insurance-Murray spends<25% on FEA						Date		
Activity or Event Identifier: 2012 ITLA 10-04-2012(10/04/2012)			Category/ Type			M M / D D / Y Y Y Y Y Y 10 / 12 / 2012		
FEDERAL SHARE			+			NONFEDERAL SHARE		
469.31						=		
			1206.79			TOTAL AMOUNT		
						1676.10		

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
734.58		1888.92		2623.50

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
11638.61		29927.79		41566.40

**SCHEDULE H5 (FEC Form 3X)****TRANSFERS OF LEVIN FUNDS RECEIVED FOR  
ALLOCATED FEDERAL ELECTION ACTIVITY****(To be used by State, District and Local Party Committees Only)**PAGE 136 OF 140  
FOR LINE 18b OF FORM 3XNAME OF COMMITTEE (In Full)  
DEMOCRATIC PARTY OF ILLINOISNAME OF ACCOUNT  
Democratic Party of IL Non Federal

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y  
10 / 02 / 2012

TOTAL AMOUNT TRANSFERRED

222175.29

## BREAKDOWN OF THIS TRANSFER

Transaction ID : H5.30279

i) **Voter Registration**

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

0.00

ii) **Voter ID**

VOTER ID

Total Amount Transferred for Voter ID .....

0.00

iii) **GOTV**

GOTV

Total Amount Transferred for GOTV .....

0.00

iv) **Generic Campaign Activity**

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity .....

222175.29

NAME OF ACCOUNT

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y

TOTAL AMOUNT TRANSFERRED

## BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

ii) **Voter ID**

VOTER ID

Total Amount Transferred for Voter ID .....

iii) **GOTV**

GOTV

Total Amount Transferred for GOTV .....

iv) **Generic Campaign Activity**

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....

0.00

TOTAL This Period (Voter ID) .....

0.00

TOTAL This Period (GOTV).....

0.00

TOTAL This Period (Generic Campaign Activity).....

222175.29

TOTAL This Period (Total Amount of Transfers Received).....

222175.29



**SCHEDULE H6 (FEC Form 3X)**  
**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS**  
**FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

PAGE 137 OF 140

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) / Full Organization Name

Mack Crounse Group

Type of Allocated Activity or Event:

☐ Voter Registration☐ Voter ID☐ GOTV☒ Generic Campaign

Transaction ID : H6.30280

Mailing Address 2001 N. Beauregard Street  
Suite 420

Allocated Activity or Event Year-To-Date

308576.80

City State Zip Code  
Alexandria VA 22311Purpose of Disbursement  
IL Absentee formsCategory/  
Type

Date

M M / D D / Y Y Y Y Y Y  
10 02 2012

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

86401.51

222175.29

308576.80

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration☐ Voter ID☐ GOTV☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Purpose of Disbursement

Category/  
Type

Date

M M / D D / Y Y Y Y Y Y

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration☐ Voter ID☐ GOTV☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Purpose of Disbursement

Category/  
Type

Date

M M / D D / Y Y Y Y Y Y

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

86401.51

222175.29

308576.80

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

86401.51

LEVIN SHARE

TOTAL AMOUNT

308576.80

TOTAL This Period for the Levin Share

222175.29

**SCHEDULE L (FEC Form 3X)****AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID : SL32904

NAME OF COMMITTEE (In Full) DEMOCRATIC PARTY OF ILLINOIS		
NAME OF ACCOUNT Democratic Party of IL Non Federal		
	<b>COLUMN A TOTAL THIS PERIOD</b>	<b>COLUMN B YEAR-TO-DATE</b>
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)	40000.00	222175.29
(b) Unitemized .....	0.00	0.00
(c) Total .....	40000.00	222175.29
2. OTHER RECEIPTS .....	0.00	0.00
3. TOTAL RECEIPTS ..... (Add Lines 1c and 2)	40000.00	222175.29
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....	0.00	0.00
(b) Voter ID .....	0.00	0.00
(c) GOTV .....	0.00	0.00
(d) Generic Campaign .....	222175.29	222175.29
(e) Total .....	222175.29	222175.29
5. OTHER DISBURSEMENTS .....	0.00	0.00
6. TOTAL DISBURSEMENTS ..... (Add Lines 4e and 5)	222175.29	222175.29
7. BEGINNING CASH ON HAND ..... (for Column B, use cash as of January 1st)	182175.29	0.00
8. RECEIPTS ..... (from Line 3)	40000.00	222175.29
9. SUBTOTAL ..... (Add Lines 7 and 8)	222175.29	222175.29
10. DISBURSEMENTS ..... (From Line 6)	222175.29	222175.29
11. ENDING CASH ON HAND ..... (Subtract Line 10 From Line 9)	0.00	0.00

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

 Use separate schedule(s)  
 for each category of the  
 Aggregation Page

PAGE 139 OF 140

 FOR LINE NUMBER:  
 (check only one)

☒ 1a

☐ 2

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Chicago Mercantile Exchange**

Account : 18789

Mailing Address 20 S. Wacker Drive

City

Chicago

State

IL

Zip Code

60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2012

Transaction ID : SASL1A.32955

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Hurley McKenna & Mertz, PC**

Account : 18789

Mailing Address 33 N. Dearborn St. Ste 1430

City

Chicago

State

IL

Zip Code

60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2012

Transaction ID : SASL1A.32956

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Salvi, Schostok & Pritchard**

Account : 18789

Mailing Address 218 N. Martin Luther King Jr. Ave.

City

Waukegan

State

IL

Zip Code

60085

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2012

Transaction ID : SASL1A.32957

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Select Management Resources, LLC**

Account : 18789

Mailing Address 3440 Preston Ridge Road

City

Alpharetta

State

GA

Zip Code

30005

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2012

Transaction ID : SASL1A.32959

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

40000.00

**TOTAL** This Period (last page this line number only)..... ►

40000.00

**SCHEDULE L-B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

FOR LINE NUMBER: PAGE 140 OF 140

(check only one)

☐ 4a  
☐ 4b

☐ 4c  
☒ 4d

☐ 5

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Mack Crounse Group**

Mailing Address 2001 N. Beauregard Street

City State Zip Code  
 Alexandria VA 22311

Purpose of Disbursement  
 IL Absentee Forms

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
 10 02 2012

Transaction ID : SBSL4D.32913

Amount of Each Disbursement this Period

222175.29

Account : 18789

Full Name (Last, First, Middle Initial) / Full Organization Name

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Account :

Full Name (Last, First, Middle Initial) / Full Organization Name

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Account :

Full Name (Last, First, Middle Initial) / Full Organization Name

**D.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Account :

Full Name (Last, First, Middle Initial) / Full Organization Name

**E.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Account :

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

222175.29

222175.29